

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
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Total Indep	1					
Total Depend	20					
Total Claims	21					

Dependent		Independent		Dependent	
Indep	Depend	Indep	Depend	Indep	Depend
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100					
Total Indep					
Total Depend					
Total Claims					